



New Hampshire Board of Pharmacy
Consultant's Record of Drugs Destroyed

Facility_____R.Ph Consultant_____

Address_____R.Ph License #_____

City_____Zip_____Date_____

Pursuant to authority granted by Ph707.03(a)(b), the items listed on this form represent a true and accurate record of controlled substances destroyed in the manner indicated.

(Authorized Consultant Signature)

	Name of Drug	Dosage Form	Qty.	Patient Last Name	RX #
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					
11					
12					
13					
14					
15					
16					
17					

	Name of Drug	Dosage Form	Qty.	Patient Last Name	RX #
18					
19					
20					
21					
22					
23					
24					
25					
26					
27					
28					
29					
30					
31					
32					
33					
34					
35					

Notes:

Method of Destruction:_____Time:_____

Destroyed by:_____Witness:_____

Original to Board of Pharmacy & Copy for Consultant Records